

SAMPLE CAPF 73 CAP VEHICLE INSPECTION GUIDE AND USAGE DATA

TIME AND VEHICLE USAGE DATA					
<i>(Enter Number of Hours (rounded up) Under the Appropriate Use Category)</i>					
TIMES USED	ADMIN	CADET ACTIVITIES	MISSION SUPPORT	OTHER	OTHER DESCRIPTION
1.	6	10	8	48	REPAINT
2.	4	8	4		
3.		5			
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
TOTAL	2 10	3 23	2 12	1 48	
* ANNOTATE TOTAL NUMBER TIMES USED IN THE UPPER LEFT SECTION OF BLOCK					
* ANNOTATE TOTAL NUMBER OF HOURS IN THE LOWER RIGHT SECTION OF BLOCK					

CAP VEHICLE INSPECTION GUIDE AND USAGE DATA		
MONTH / YEAR JANUARY/2011		END OF MONTH ODOMETER READING 65670
WING / REGION FLORIDA/SOUTHEAST		CHARTER FL-001
VEHICLE IDENTIFICATION NO. (VIN) 1FT7W2B66BEB67267		YEAR OF VEHICLE 2011
VEHICLE MAKE FORD	VEHICLE MODEL F-250	FIELD ID NO. 08525
<b>ITEMS TO BE CHECKED DAILY</b>		
<i>(operator's signature required on inside page to verify inspection)</i>		
1.	REGISTRATION / PROOF OF INSURANCE	OK
2.	FIRE EXTINGUISHER / FIRST AID KIT	OK
3.	DAMAGE <i>(exterior and interior, missing parts)</i>	OK
4.	TIRES <i>(visually check for damage / abnormalities)</i>	OK
5.	CHECK FLUID LEVELS <i>(oil, transmission, brake, power steering and coolant) (check according to manufacturers instructions)</i>	OK
6.	BATTERY CONDITION	OK
7.	LEAKS <i>(visually check fuel / oil / coolant)</i>	OK
8.	DRIVE BELTS / HOSES <i>(visually check for fraying or cracking)</i>	OK
9.	LIGHTS <i>(visually check for proper operation)</i>	OK
10.	BACK UP ALARM / EMERGENCY FLASHERS <i>(functionally check proper operation)</i>	OK
11.	SAFETY DEVICES <i>(seatbelts / harness, headrests, etc.)</i>	OK
12.	INSTRUMENTS / HORN <i>(functionally check proper operation)</i>	OK
13.	WINDSHIELD WIPERS / WASHER <i>(functionally check for proper operation / condition)</i>	OK
14.	BRAKES / STEERING <i>(functionally check responsive / effective / smooth)</i>	OK
15.	MIRRORS <i>(rearview / side)</i>	OK
16.	EXHAUST SYSTEM	OK
17.	WINDOWS <i>(functionally check proper operation)</i>	OK
18.	RADIO MOUNTS <i>(CAP added equipment)</i>	OK
19.	CURRENT STATE INSPECTION STICKER <i>(if applicable)</i>	N/A
20.	TIRE PRESSURE <i>(checked monthly - requires signature and date below)</i>	OK
Signature: <i>JOHN C. DOE</i>		Date Performed: <i>1/1/2011</i>

